

2024/25 Continuous Quality Improvement Initiative Report

Community Demographics

Community Name: Fox Ridge Community

Street Address: 389 West Street, Brantford, Ontario

Phone Number: (519) 759-4666

Quality Lead: Jennifer Glavac, Executive Director

2023-24 Quality Improvement Initiatives

In 2023/24, Fox Ridge Community chose to focus on antipsychotic usage without a diagnosis of psychosis and resident and family satisfaction for its CQI initiatives.

Fox Ridge Community set a 5% reduction target for antipsychotic usage without a diagnosis to achieve a performance of 18.6% on this indicator, from 19.58%. Fox Ridge Community's current performance on this indicator is 20.00%. A summary of the change ideas and their results is available in table 1.

Fox Ridge Community aimed to improve resident satisfaction to 83% or higher, and family satisfaction to 84% or higher. This was a 12.9% improvement for resident satisfaction, from 73.5% and a 15.2% improvement for family satisfaction, from 72.9%. Sienna Senior Living implemented a new, innovative survey format on a new platform to measure resident and family satisfaction in 2023 and achieved an overall Net Promoter Score (NPS) of -10.00. A summary of the action plan and its results for resident and family satisfaction can be found in table 1.

2024-25 Priority Areas for Quality Improvement

Sienna Senior Living Communities use our Ontario Health Quality Improvement Plans (QIPs) to prioritize our improvement projects and this year Fox Ridge Community's quality committee has chosen Resident and Family Satisfaction (see table 2) and ED Transfers for its CQI initiatives (see table 3). In addition to the QIP, our community uses our internal operational plan to help prioritize and plan improvements for key indicators.

Sienna Senior Living strives to continuously monitor and improve resident and family satisfaction and staff engagement year over year. In response to feedback, specific action plans are developed and shared with residents, families, and staff. Fox Ridge Community completed the annual resident and family satisfaction surveys from September 13-27, 2023. Fox Ridge Community achieved an NPS of -15 for resident satisfaction and an NPS of 4 for family satisfaction. The results were shared with our

resident council December 21, 2023, family town hall on December 21, 2023, and team members through town halls on January 29, 2024. The feedback of the resident, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, our annual Operational Planning Day was held on February 27, 2024, and included residents, team members, and the management team. During Operational Planning, resident and family satisfaction results and other clinical indicators were shared and feedback from stakeholders was sought in the development of improvement strategies.

Resident and Family Satisfaction Survey

Sienna Senior Living's innovative resident and family satisfaction survey improves our ability to incorporate feedback into our day-to-day culture. We've worked with experts to create surveys that are more accessible for people living in long-term care. Resident and Family councils from each Sienna Senior Living Community were consulted and involved in the creation of the new survey. They are shorter, intended to occur more frequently, and designed to capture a true picture of your experience and what you define as important. The survey results include an overall Net Promoter Score (NPS) that identifies residents' and families' perceptions of our community and how people feel their needs are being met as well as a text analysis that highlights what people have focussed on and how we can meet their needs.

Policies, Procedures and Protocols That Guide Continuous Quality Improvement

Quality Improvement Policy, Planning, Monitoring, and Reporting

Sienna Senior Living has a robust Quality & Risk Management Manual that guides our communities through continuous quality improvement activities with a focus on enhancing resident care and achieving positive resident outcomes. The Quality Committee identifies improvement opportunities and sets improvement objectives for the year by considering input from annual program evaluations, operating plan development, review of performance and outcomes using provincial and local data sources, and review of priority indicators released from Ontario Health, and the results of the resident and family satisfaction surveys.

Continuous Quality Improvement Committee

The Quality Committee oversees all aspects of our continuous quality improvement initiatives and identifies change ideas that will be tested and implemented in collaboration with the interdisciplinary team. CQI initiatives use Plan-Do-Study-Act (PDSA) cycles (rapid implementation, evaluation, and implementation cycles) in line with the Model for Improvement. The Continuous Quality Improvement Committee meets at a routine frequency to monitor key indicators and elicits feedback from key stakeholders including residents and families. Selected change ideas are based on best practices used across Sienna, which are informed by research and literature. Through regular meetings and data review, the organization can confirm whether the changes resulted in improvement and adjust if and where required.

Accreditation

In the fall of 2022, Sienna Senior Living communities participated in an external quality review for Accreditation. The accreditation process involves self-assessments of quality practices, engagement of our residents, families, and other stakeholders, and an on-site assessment conducted by peer surveyors. Sienna Senior Living was successful in receiving the highest-level award of a 3-year Accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF).

Sharing and Reporting

A copy of this Continuous Quality Improvement Initiative Report and the QIP, including the progress report from the 2023/24 QIP, and the workplan for 2024/25, was shared with the Resident Council on April 26, 2024, and Family Town Hall on April 16, 2024. This was shared with team members on May 7, 2024, through town halls and meetings with team members and it is posted in the homes. As part of our quarterly reporting schedule, the committee will continually review progress and share updates and outcomes with residents, families, and staff via existing council and team meetings.

2023-24 Quality Improvement Initiatives

Table 1: results of 2023/24 Quality Improvement Plan and Resident and Family Satisfaction Improvement Initiatives

Area of Focus	Previous Performance (2022/23)	Current Performance (2023/24)	Change Ideas	Date of Implementation	Outcomes/Impact
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	19.58%	20.00%	1. Increase the frequency of the Antipsychotic Reduction Team Meetings to track the progress of residents who have had their antipsychotic medications reduced.	Meetings held once per month throughout 2023.	Better understanding of resident meds. Able to trial, track and make timely changes to meds based on resident mood/behaviours more consistently. Increased awareness and support from clinical team as MD, pharmacist and internal clinical team were present during meetings
			2. Utilization of internal Gentle Persuasive Approach (GPA) coaches to educate all staff on the GPA method.	GPA sessions held in Jan, Mar, Apr, Jul, Sept, Nov.	40+ team members trained in GPA methods through 2023. Team members re-trained every 2 years.
			3. Increase frequency of education on antipsychotic use and reduction as well as non-pharmacological approaches to care	Education sessions offered monthly throughout 2023.	Education provided to staff during nursing practice meetings on a bi-monthly

Area of Focus	Previous Performance (2022/23)	Current Performance (2023/24)	Change Ideas	Date of Implementation	Outcomes/Impact
					basis. Provided strong understanding of resident behaviours and increased monitoring for effectiveness
Resident and Family Satisfaction	Resident: 73.5% Family: 72.9%	Combined Resident and Family NPS: -10.00	Fox Ridge will re-implement programs that were in effect prior to the pandemic, such as horticulture club and 'left of 65', starting in Spring 2023.	Horticulture club met in May 2023 – residents continue to care for in-house plants. Left of 65 club special event re-implemented in Sept. 2023.	Residents proud to be responsible for tasks within the home and to be involved in meaningful activities.
			Fox Ridge will be incorporating new programming ideas suggested through the Resident Suggestion Box in Summer 2023.	June 19 th , 2023	Anonymous suggestions reviewed and implemented at resident council meetings
			Fox Ridge cooks will participate in education with Sienna Senior Living's Executive Chef on culinary skills by June 2023.	June 29 th , 2023.	Sienna's Executive Chef for LTC provided on-site focused education and demonstrations to dietary team.

Area of Focus	Previous Performance (2022/23)	Current Performance (2023/24)	Change Ideas	Date of Implementation	Outcomes/Impact
			Fox Ridge will implement a Resident Suggestion Box and focus groups to encourage and welcome discussions for areas of improvement starting in June 2023.	June 19 th , 2023.	Anonymous suggestions reviewed and implemented at resident council meetings

Planned Quality Improvement Initiatives for 2024-25

Table 2: QIP Indicator: Resident and Family Satisfaction

Fox Ridge Community aims to improve the combined Net Promoter Score for resident and family satisfaction from -10.00 to -9.00.

Change Ideas	Process Measure	Target for 2024/25
Fox Ridge aims to improve communication with residents and families by supporting team members to complete the CLRI Families in Distress education modules. These modules will help team members build empathy skills while interacting with families and residents.	Percentage of team members who complete the CLRI Families in Distress education modules.	100% of clinical staff and leaders will complete the CLRI Families in Distress education modules by December 31, 2024.
Fox Ridge will improve the physical plant to improve resident and family satisfaction by painting and refreshing the artwork in the dining rooms.	Number of dining rooms painted and with refreshed artwork.	Fox Ridge will paint and refresh the artwork in all 4 dining rooms in 2024.

Table 3: QIP Indicators: Unnecessary Emergency Department Visits

Fox Ridge Community aims to improve this indicator from the current performance of 26.90% to 26.36% by September 30, 2024.

Change Ideas	Process Measure	Target for 2024/25
Improve utilization of the SBAR (tool) with transfer checklist	Percentage of registered staff who have completed education on the use of SBAR (tool) with transfer checklist.	80% of the registered team members to be educated on the use of SBAR (tool) with transfer checklist by September 30, 2024.
Implementation of RNAO-BPG for falls prevention. Falls were identified as the most common reason for ED transfers	The percentage of residents who are transferred to the hospital for a fall who are referred to OT/PT.	100% of residents who were transferred to hospital as a result of fall will be reviewed and referred to OT/PT when appropriate.
Increase utilization of the Nurse Led Outreach Team (NLOT) NP.	Percentage of Registered team members given education on the use of the NLOT NP before transferring to hospital.	100% of Registered team members will be educated on the use of the NLOT NP before transferring to hospital.